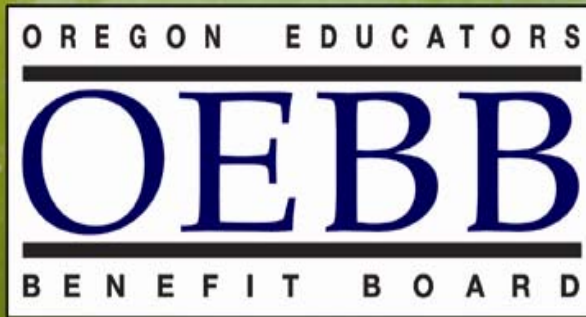


OREGON EDUCATORS BENEFIT BOARD

“SERVING OUR MEMBERS AND THEIR FAMILIES”





Background

Process for benefit changes and renewals

- ✓ Actuarial review and verification
 - Towers Watson, OEBB's actuarial consulting firm, meets with carriers to review and approve methodology to be used for renewals
 - Claims data is used to "model" premiums needed to cover future claims costs

- ✓ Plan design and benefit review
 - Strategies on Evidence and Outcomes Workgroup (SEOW) considers member requests and carrier requests for benefit or plan design changes, or identifies services or procedures not supported by medical evidence
 - SEOW works with consultants, medical directors for carriers and health policy experts to prepare recommendations for full Board's consideration



OEBB Premium Components

Non-Claim Charges --- 8.95% to 9.45%

- ✓ Carrier Fixed charges (6.5% to 7.0%)
 - Includes staff and resources dedicated to claims processing; customer service; printing and documents; network development/provider contracting; disease and case management
- ✓ OEBB Fixed charges (0.95%)
 - Includes staff and resources dedicated to benefit planning and health policy research; administration of MyOEBB; customer service to entities and members; premium collection, reconciliation and payment; and communications and education....
- ✓ Variable Charges (currently approximately 1.5%)
 - Taxes and special assessments including OMIP (0.5%) & Oregon provider tax (1.0%)

Claims --- 90.55% to 91.05%

- ✓ Includes provider charges (claims)



Utilization Overview For 2008-09 Plan Year



About the data.....

- Most of the data in the utilization report used for this presentation reflects the experience of the OEGB Medical and Pharmacy benefit plans
- The tables contained in this presentation are based on the following data:
 - ODS and Providence
 - Claims paid: October 1, 2008 – September 30, 2009
 - Eligibility: October 1, 2008 – September 30, 2009
- All comparative norms are from the National Data Cooperative OEGB participates in unless otherwise indicated, reflecting membership across the U.S. for calendar year 2008
- Data does not include incurred claims prior to 10/1/2008, therefore the paid claims represented here are *incomplete* relative to norms. Where appropriate, Towers Watson made actuarial adjustments to normalize the data



Utilization highlights.....

- Utilization of plans (all members)
 - A much higher proportion of OEGB members (92%) submit claims for medical services of some kind in any given year compared to the norm (81%)
 - This pattern is consistent with plans which are richer than norm
 - This is one driver of higher premiums for the OEGB plans



Utilization highlights.....

- Overweight/Obesity appears to be driving abnormally high rates of significant health problems, utilization and costs
 - Joint replacements
 - Lower back pain surgeries and office visits (M.D. and D.C.)
 - Asthma
 - Sleep apnea testing & treatments
 - Cardiovascular disease
 - Diabetes (as a precursor to cardiovascular and renal disease)
- Cancer incidence and costs are very high
 - Under-use of screening tests for breast cancer and colon cancer, given the age/sex characteristics of OEGB
- Very high use of radiology services
 - Musculoskeletal diagnoses

The OEGB Population – Overall

OEGB subscribers older and covering more dependents vs norm

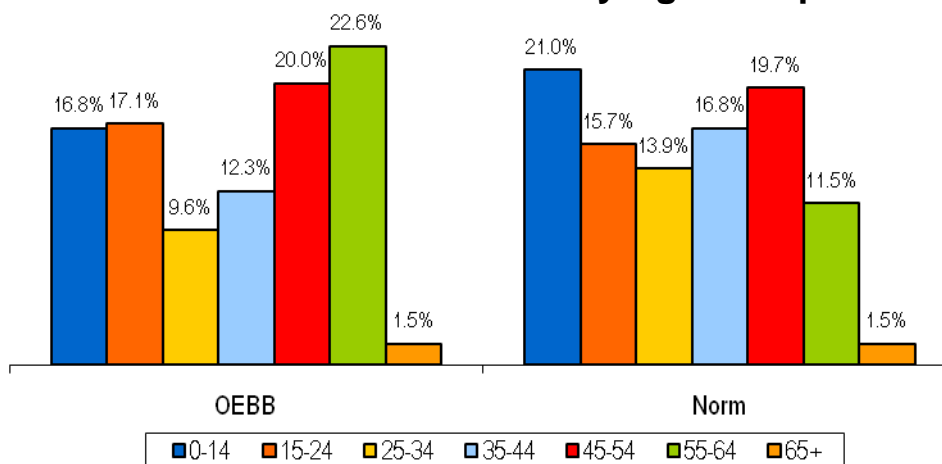
Enrollment by Relation

Relation	OEGB
Subscriber	47,964
Spouse / Domestic Partner	29,393
Child	40,576
Members	117,933
Members Per Subscriber	2.46

Summary of Enrollment

Metric	OEGB	Norm	% Variance vs. Norm
Enrollment			
- Member count (annualized)	117,933		
- Members per Subscriber	2.46	2.13	15.5%
- % of Members 45 and Over	44.2%	32.6%	35.3%

Breakdown of Members by Age Group



Notes:

1. Norm is based on average (mean)

2. Based on member age only, Towers Watson (OEGB's actuarial consulting firm) would expect OEGB utilization to exceed norms by about 8%.

Radiology

By Detailed Type of Service

Detailed Type of Service	Facility				Client % Diff vs. Norm
	PMPY	% of Total	Norm PMPY	% of Total	
CT Scan	\$57.13	26.8%	\$37.43	25.7%	4.6%
MRI	\$44.77	21.0%	\$23.14	15.9%	32.6%
Chemotherapy	\$31.13	14.6%	\$19.65	13.5%	8.5%
Diagnostic Radiology	\$26.84	12.6%	\$32.50	22.3%	-43.4%
Mammogram	\$19.20	9.0%	\$8.65	5.9%	52.1%
Ultrasound	\$15.12	7.1%	\$11.17	7.7%	-7.3%
Nuclear Medicine: Other	\$12.27	5.8%	\$8.29	5.7%	1.4%
Nuclear Medicine: PET	\$3.16	1.5%	\$2.17	1.5%	-0.1%
EKG/ECG/EEG	\$1.76	0.8%	\$0.13	0.1%	792.2%
Other Therapeutic	\$1.56	0.7%	\$0.04	0.0%	2767.5%
Other Imaging Services	\$0.03	0.0%	\$0.05	0.0%	-56.6%
Nuclear	\$0.03	0.0%	\$0.01	0.0%	231.0%
Other	\$0.00	0.0%	\$2.70	1.9%	-100.0%
Total Facility	\$212.98	100.0%	\$145.93	100.0%	

Detailed Type of Service	Professional				Client % Diff vs. Norm
	PMPY	% of Total	Norm PMPY	% of Total	
Radiology: MRI	\$39.25	26.5%	\$29.62	23.1%	14.8%
Radiology: Mammogram	\$22.58	15.2%	\$13.68	10.6%	43.0%
Radiation Oncology	\$19.30	13.0%	\$16.47	12.8%	1.5%
Radiology: CT	\$18.85	12.7%	\$17.81	13.9%	-8.3%
Ultrasound	\$16.83	11.3%	\$18.68	14.5%	-21.9%
Radiology: Other	\$12.50	8.4%	\$12.87	10.0%	-15.9%
Nuclear Medicine: Other	\$9.13	6.2%	\$12.69	9.9%	-37.7%
Diagnostic Radiology	\$7.87	5.3%	\$5.01	3.9%	36.1%
Radiology: MRA	\$1.40	0.9%	\$1.24	1.0%	-1.8%
Radiation Therapy	\$0.55	0.4%	\$0.35	0.3%	34.8%
Nuclear Medicine: PET	\$0.02	0.0%	\$0.06	0.0%	-64.0%
Other	\$0.00	0.0%	\$0.00	0.0%	0.0%
Total Professional	\$148.29	100.0%	\$128.48	100.0%	

Other Diagnostic Services

Service Code Description and Facility vs. Professional

Service Code Description	Facility	
	PMPY	Norm PMPY
POLYSOMNOGRAPHY, 4 OR MORE	\$7.36	\$0.37
POLYSOMNOGRAPHY W/CPAP	\$6.91	\$0.28
ELECTROCARDIOGRAM, TRACING	\$4.44	\$0.15
EXTREMITY STUDY	\$1.53	NA
EXTRACRANIAL STUDY	\$1.27	NA
EXTREMITY STUDY	\$0.65	NA
FETAL NON-STRESS TEST	\$0.57	NA
ECG MONITOR/RECORD, 24 HRS	\$0.50	NA
EEG, AWAKE AND ASLEEP	\$0.48	NA
F18 FDG	\$0.41	NA
TC99M TETROFOSMIN	\$0.40	NA
ECG MONITOR/REPORT, 24 HRS	\$0.39	NA
Other (Not top 12)	\$5.38	\$15.97
Total Facility	\$30.28	\$16.76

Service Code Description	Professional	
	PMPY	Norm PMPY
TTE W/DOPPLER, COMPLETE	\$3.80	NA
POLYSOMNOGRAPHY W/CPAP	\$3.47	\$2.65
POLYSOMNOGRAPHY, 4 OR MORE	\$3.41	\$2.81
SENSE NERVE CONDUCTION TEST	\$1.89	\$1.88
PERCUT ALLERGY SKIN TESTS	\$1.63	\$1.72
ELECTROCARDIOGRAM, COMPLETE	\$1.36	\$2.29
CARDIOVASCULAR STRESS TEST	\$1.23	\$1.87
MOTOR NERVE CONDUCTION TEST	\$1.01	\$1.22
EXTREMITY STUDY	\$0.97	NA
MOTOR NERVE CONDUCTION TEST	\$0.93	\$1.22
TTE W/O DOPPLER, COMPLETE	\$0.78	\$3.82
EXTREMITY STUDY	\$0.75	NA
Other (Not top 12)	\$15.76	\$22.04
Total Professional	\$37.00	\$41.52

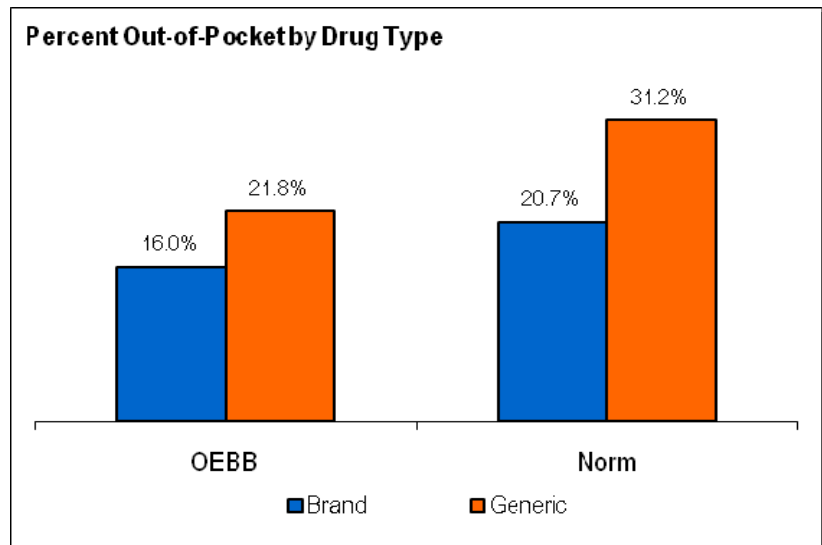
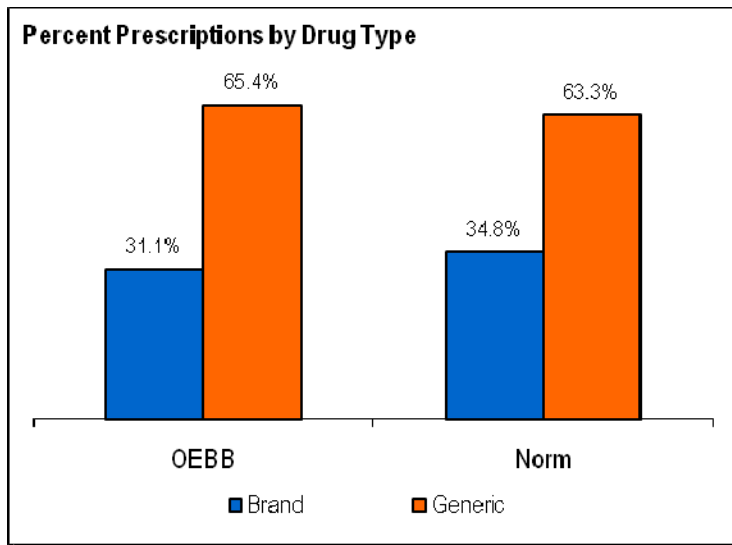
ODS has reported that OEBS's experience with sleep studies is 57 percent higher than other commercial business. As of April 2010, ODS had paid out \$4.9 million in claims for sleep studies and durable medical equipment. The average cost of a "study" is \$1373 with some studies costing upward of \$4000.

Pharmacy: Brand vs Generic

Proportion of generic scripts similar to norm; overall member share below

Classification	Allowed PMPY	Norm	Paid PMPY	Out-of-Pocket PMPY	Norm	Prescriptions PMPY	Norm
Brand	\$473.22	\$506.18	\$397.59	\$75.72	\$104.60	3.74	3.74
Generic	\$157.75	\$162.75	\$123.38	\$34.38	\$50.73	7.84	6.80
Other/Unknown	\$17.20	\$11.90	\$12.95	\$4.25	\$2.95	0.42	0.20
Total	\$648.17	\$680.82	\$533.91	\$114.34	\$158.28	12.00	10.74

Classification	Allowed Per Script	Norm	Paid Per Script	Out-of-Pocket Per Script	Norm	% of Prescriptions	Norm
Brand	\$126.64	\$135.20	\$106.40	\$20.26	\$27.94	31.1%	34.8%
Generic	\$20.12	\$23.92	\$15.73	\$4.38	\$7.46	65.4%	63.3%
Other/Unknown	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	3.5%	1.8%
Total	\$54.02	\$63.36	\$44.50	\$9.53	\$14.73	100.0%	100.0%



Note: Mail-order prescriptions are counted as three prescriptions

Top 10 Prescriptions by Total Paid YTD

Drug Name	Common Diagnosis/Treatment	Paid Claims (YTD)	Percent of Total
LIPITOR	Lipotropics/Cholesterol	\$1,945,126	3.1%
ENBREL	Antiarthritics	\$1,778,090	2.8%
EFFEXOR XR	Psychostimulants-Antidepressants	\$1,572,592	2.5%
ADVAIR DISKUS	Bronchial Dilators/Asthma/Allergy	\$1,177,727	1.9%
AVONEX	Multiple Sclerosis	\$1,150,520	1.8%
SINGULAIR	Bronchial Dilators/Asthma/Allergy	\$1,079,319	1.7%
COPAXONE	Multiple Sclerosis	\$1,040,718	1.7%
CYMBALTA	Psychostimulants-Antidepressants	\$1,016,039	1.6%
LEXAPRO	Psychostimulants-Antidepressants	\$1,005,531	1.6%
PREVACID	Anti-Ulcer Preps	\$981,116	1.6%
All other (not top 10)		\$50,219,332	79.8%
Total		\$62,966,110	100.0%

EXAMPLE: The average paid by ODS and Providence for Lipitor under the OEBC plans was \$72 per month. The average paid for a therapeutically equivalent (not the same exact drug, but one that has the same outcome for many – lowering cholesterol) Simvastatin was \$2.13 per month. The difference in cost to the plan is \$838 annually. OEBC spent \$1.9 million on Lipitor – **if two-thirds of the Lipitor users were able to and moved to Simvastatin, that could have saved OEBC members more than \$1.2 million in claims dollars and each of those members making the switch could have saved \$20 per month out-of-pocket, at a minimum.**

Benefit Changes
For 2010-11 Plan Year
With an eye on sustainability &
value-based and evidence-
based plan designs



Sustainability

New benefit on all OEGB medical plans
Effective October 1, 2010

OEGB Weight Management Program

Weight Loss Support Program using Weight Watchers®*

- Health Coaching
- Educational Resources
- Assessment and Screening

* Subscribers only



New for 2010-2011

- Coverage for hearing aids for members through age 25
- Employee Assistance Program (EAP) available through Reliant Behavioral Health



Value-based and evidence-based benefit designs

New plan designs for all OEBC medical
plans other than ODS Medical Plan 9
Effective October 1, 2010

Plan Design

New Tiers

ODS medical plans 3 through 8 and Providence plans 2 and 2A

Incentive Office Visits (does not apply to plan 7 or 8)

- ODS and Providence covers incentive office visits for the following services:
 - Asthma management
 - Heart conditions (including CHF), cholesterol, high blood pressure
 - Diabetes management

Additional Cost Tier

- ODS and Providence covers certain treatment procedures for the following conditions under a separate tier (examples include):
 - Outpatient upper endoscopy
 - Spine surgery for pain
 - Knee and hip replacement
 - Arthroscopies (knee and shoulder)

Kaiser medical plans 1 and 1A

Primary Care Office Visits

- Primary Care Providers:
 - Family Practice
 - Internal Medicine
 - Pediatrics
 - Mental health and chemical dependency providers
 - ObGyn

Specialist Care Office Visits

- Higher office visit copay for all other provider types

Plan Design *Medical Plans – Kaiser*

CURRENT – through September 30, 2010

Plan Number	Carrier	Plan Type	Network	Office Visits		Hospital Copay	Deductible	Coinsurance	OOP Max	10/1/2009 Enrollment
				Preventive	All other					
2	Kaiser	HMO	In	\$0	\$5	N/A	N/A	N/A	\$600	3,796
			Out	N/A	N/A	N/A	N/A	N/A	N/A	

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Plan Type	Network	Office Visits			Hospital Copay	Deductible	Coinsurance	OOP Max
				Preventive	Primary Care ^{1,2}	Specialist				
1	Kaiser	HMO	In	\$0	\$10	\$15	\$100 per day, \$500 max	N/A	N/A	\$1,200
			Out	N/A	N/A	N/A	N/A	N/A	N/A	N/A

N/A = Not Applicable

¹ See slide 17 for more information on primary care providers

² Applies to alternative care -- **Alternative care maximum \$2,000 annually**

Plan Design

Medical plans – Providence

CURRENT – through September 30, 2010

Plan Number	Carrier	Plan Type	Network	Office Visits			Sleep Studies, CT & PET scans & MRIs	Hospital Copay	Additional Copayments or Additional Cost Tier	Deductible	Coinsurance	OOP Max	10/1/2009 Enrollment
				Preventive	Incentive	Primary Specialist							
2	Providence	POS	In	\$0	N/A	\$5	N/A	N/A	N/A	N/A	N/A	\$600	4,304
			Out	Not Covered	N/A	N/A	N/A	N/A	N/A	\$300	50%	\$2,000	

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Plan Type	Network	Office Visits			Diagnostic Tests		Procedures & DME			Hospital Copay	Deductible	Coinsurance	OOP Max
				Preventive	Incentive ¹	Primary ^{2,3} Specialist	Lab/X-Ray	Sleep Studies, ⁴ CT & PET scans & MRIs	Surgical	DME	Additional ⁴ Cost Tier				
2A	Providence	POS	In	\$0	\$10	\$25	\$25	\$100	\$100	\$25	\$500	\$200 per day	N/A	N/A	\$1,800
			Out	Not Covered	N/A	N/A	N/A	\$100	N/A	N/A	\$500	N/A	\$600	50%	\$3,600

N/A = Not Applicable

DME = Durable Medical Equipment

¹ See slide 17 for additional information on the incentive tier

² Applies to alternative care and urgent care

³ **Alternative care maximum \$2,000 annually**

⁴ Additional payments do not apply to out of pocket maximums and is addition to the deductible and coinsurance when using out-of-network providers – see slide 17 for additional information on the Additional Cost Tier

Plan Design

Medical plans – ODS Plans 3 – 5

CURRENT – through September 30, 2010

Plan Number	Carrier	Plan Type	Network	Office Visits			Hospital Copay	Deductible	Coinsurance	OOP Max	Additional Copayments or Additional Cost Tier	10/1/2009 Enrollment
				Preventive	Incentive	Primary Specialist						
4	ODS	PPO	In	\$0	N/A	\$15	N/A	\$100	20%	\$1,000	N/A	3,028
			Out	N/A	N/A	N/A	N/A	Combined w/ In	40%	\$2,000	N/A	

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Plan Type	Network	Office Visits			Hospital Copay	Deductible	Coinsurance	OOP Max	Additional Payments ⁴	
				Preventive	Incentive ¹	Primary Specialist ^{2,3}					Sleep Studies, CT & PET scans & MRIs	Additional Cost Tier
5	ODS	PPO	In	\$0	\$10	\$25	N/A	\$200	20%	\$1,800	\$100	\$500
			Out	N/A	N/A	N/A	N/A	Combined w/ In	40%	\$3,600	\$100	\$500

N/A = Not Applicable

¹ See slide 17 for additional information on the incentive tier

² Applies to alternative care and urgent care

³ **Alternative care maximum \$2,000 annually**

⁴ Additional payments do not apply to out of pocket maximums and is addition to the deductible and coinsurance – see slide 17 for additional information on Additional Cost Tier

Plan Design

Medical plans – ODS Plans 6 – 8

CURRENT – through September 30, 2010

Plan Number	Carrier	Plan Type	Network	Office Visits			Hospital Copay	Deductible	Coinsurance	OOP Max	Additional Copayments or Additional Cost Tier	10/1/2009 Enrollment
				Preventive	Incentive	Primary Specialist						
7	ODS	PPO	In	\$0	N/A	N/A	N/A	\$500	20%	\$2,000	N/A	7,472
			Out	N/A	N/A	N/A	N/A	Combined w/ In	40%	\$4,000	N/A	

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Plan Type	Network	Office Visits			Hospital Copay	Deductible	Coinsurance	OOP Max	Additional Payments ⁴	
				Preventive	Incentive ¹	Primary Specialist ²					Sleep Studies, CT & PET scans & MRIs	Additional Cost Tier
7	ODS	PPO	In	\$0	N/A	N/A	N/A	\$500	20%	\$2,000	\$100	\$500
			Out	N/A	N/A	N/A	N/A	Combined w/ In	40%	\$4,000	\$100	\$500

N/A = Not Applicable

¹ See slide 17 for additional information on the incentive tier

² Applies to alternative care and urgent care. Coinsurance following meeting the deductible -- **Alternative care maximum \$2,000**

³ Deductible waived

⁴ Additional payments do not apply to out of pocket maximums and is in addition to the deductible and coinsurance – see slide 17 for more information on the Additional Cost Tier



Value-based and evidence-based benefit designs

New plan designs for all OEBC pharmacy
plans -- Effective October 1, 2010

Plan Design

Pharmacy plans

- ODS and Providence both offer a value tier for pharmacy for the following conditions:
 - Value-Based Formulary of Drugs Addressing:
 - Asthma
 - Heart conditions (including CHF), cholesterol, high blood pressure
 - Diabetes
- Specific drugs included under each category are defined by each carrier's formulary

Plan Design

Pharmacy plans – Kaiser

CURRENT – through September 30, 2010

Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum (per person)
			Value	Generic	Preferred	Non-Preferred	Value	Generic	Preferred	Non-Preferred	
1	Kaiser	HMO	N/A	\$5	\$15	N/A	N/A	\$10	\$30	N/A	\$1,000

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum (per person)
			Value	Generic	Preferred	Non-Preferred	Value	Generic	Preferred	Non-Preferred	
1	Kaiser	HMO	N/A	\$5	\$25	N/A	N/A	\$10	\$50	N/A	\$1,000

N/A = Not applicable

Plan Design

Pharmacy plans – Providence

CURRENT – through September 30, 2010

Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum
			Value	Generic	Preferred	Non-Preferred	Value	Generic	Preferred	Non-Preferred	
1	Providence	POS	N/A	\$5	\$15	50%	N/A	\$10	\$30	50%	\$1,000

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum (per person)
			Value	Generic	Preferred ¹	Non-Preferred	Value	Generic	Preferred ¹	Non-Preferred	
1	Providence	POS	\$4	\$8	\$25	50%	\$8	\$16	\$50	50%	\$1,000

N/A = Not Applicable

See slide 23 for more information on Value Tier

¹ Including “branded generics”

Plan Design Pharmacy plans – ODS

CURRENT – through September 30, 2010

Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum
			Value	Generic	Preferred	Non-Preferred	Value	Generic	Preferred	Non-Preferred	
B	ODS	PPO	N/A	\$5	\$25	50%, \$50 max	N/A	\$10	\$50	50%, \$100 max	\$1,000

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Plan Type	Retail				Mail				Out-of-pocket Maximum (per person)
			Value	Generic	Preferred ¹	Non-Preferred	Value	Generic	Preferred ¹	Non-Preferred	
B	ODS	PPO	\$4	\$8	\$25	50%	\$8	\$16	\$50	50%, \$100 max	\$1,000

N/A = Not Applicable

See slide 23 for more information on Value Tier

¹ Including “branded generics”



Sustainability

New plan designs for most OEGB dental plans -- Effective October 1, 2010

Plan Design

Dental plans – ODS Plans 1 – 6

CURRENT – through September 30, 2010

Plan Number	Carrier	Deductible (per person)	Preventive	Restorative	Major Services	Prosthodontics	Annual Maximum (per person)	10/1/2009 Enrollment
1	ODS	None	70% + 10% per year	70% + 10% per year	70% + 10% per year	70% + 10% per year	\$2,200	16,551

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Deductible (per person)	Preventive (deductible waived)	Restorative	Major Services	Prosthodontics	Annual Maximum (per person)
1	ODS	\$50	70% + 10% per year	70% + 10% per year	70% + 10% per year	70% + 10% per year	\$2,200

Plan Design

Dental plans – Kaiser Plans 7 & 8

CURRENT – through September 30, 2010

Plan Number	Carrier	Deductible (per person)	Preventive and Restorative	Major Services	Prosthodontics	Implants	Annual Maximum (per person)	10/1/2009 Enrollment
7	Kaiser	None	\$5 per visit	\$45	\$95 partial denture, \$65 full denture, \$25 relines	50%	None	1,910

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Deductible (per person)	Preventive and Restorative	Major Services	Prosthodontics	Implants	Annual Maximum (per person)
7	Kaiser	None	\$10 per visit	\$45	\$95 partial denture, \$65 full denture, \$25 relines	50%	None

Plan Design

Dental plans – Willamette Plans 7 & 8

CURRENT – through September 30, 2010

Plan Number	Carrier	Deductible (per person)	Preventive and Restorative	Major Services	Prosthodontics	Annual Maximum (per person)	10/1/2009 Enrollment
7	Willamette Dental	None	\$5 per visit	\$45	\$95 partial denture, \$65 full denture, \$25 reline	None	372

EFFECTIVE OCTOBER 1, 2010

Plan Number	Carrier	Deductible (per person)	Preventive and Restorative	Major Services	Prosthodontics	Annual Maximum (per person)
7	Willamette Dental	None	\$10 per visit	\$45	\$95 partial denture, \$65 full denture, \$25 reline	None



Rate Changes For 2010-11 Plan Year

Summary of 2010-2011 Renewals
Medical & Pharmacy

	<i>Plan</i>	<i>Renewal</i>
Kaiser	Plan 1	9.81%
	Plan 1A	<u>9.81%</u>
	Average	9.81%

	<i>Plan</i>	<i>Renewal</i>
Providence	Plan 2	28.63%
	Plan 2A	<u>27.36%</u>
	Average	28.51%

	<i>Plan</i>	<i>Renewal</i>
ODS	Plan 3	26.66%
	Plan 4	22.07%
	Plan 5	17.61%
	Plan 6	10.23%
	Plan 7	8.85%
	Plan 8	8.26%
	Plan 9	<u>8.80%</u>
	Average	18.28%

ALL Medical/Pharmacy Average	17.93%
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Note: these increases do not include the addition of the weight management components – Kaiser = 0.63%; ODS = 0.38%; and Providence = 0.64%

Summary of 2010-2011 Renewals
Dental & Orthodontia

	<i>Plan</i>	<i>Renewal</i>
ODS	Plan 1	4.28%
	Plan 2	4.07%
	Plan 3	4.10%
	Plan 4	6.35%
	Plan 5	6.35%
	Plan 6	6.10%
	Ortho	<u>4.50%</u>
	Average	4.62%
Kaiser	Plan 7	4.71%
	Plan 8	4.71%
	Ortho	<u>4.71%</u>
	Average	4.71%
Willamette Dental	Plan 7 w/ Ortho	0.00%
	Plan 8 w/ Ortho	<u>0.00%</u>
	Average	0.00%
ALL Dental Average		4.34%

Summary of 2010-2011 Renewals
Vision

	<i>Plan</i>	<i>Renewal</i>
ODS	Plan 1	8.8%
	Plan 2	8.8%
	Plan 3	8.8%
	Plan 4	8.8%
	Plan 5	<u>8.8%</u>
	Average	8.8%
Kaiser	Plan 5	0.0%
All Vision Average		7.6%



Other Changes & Important Information for the 2010-11 Plan Year

Changes Resulting From the Federal Healthcare Reform Act

- No lifetime maximum benefit on any OEBC medical plan
- Children can stay on the OEBC plans until they reach age 26 even if they are not a full-time student or living in the home of the employee

The Standard will offer an additional opportunity for active employees to receive Guaranteed Issuance on Optional Life Insurance and waiver of the Late Enrollment Penalty on the Short Term Disability coverage

- Up to \$200,000 in Optional Employee Life
- Up to \$30,000 in Optional Spouse/Domestic Partner Life
- Any voluntary STD plan



Other Changes & Important Information for the 2010-11 Plan Year (continued)

- MyOEBB up and available for open enrollment – 12:01 a.m. Sunday, August 15, 2010
- Open enrollment ends at midnight on September 15, 2010, for many entities – please check with your entity for your open enrollment end date
- Some plans are no longer available through OEBB or following Insurance Committee selections
- OEBB has a plan comparison and cost calculator tool available on the Website to help employees compare their specific medical plan options and estimate their out-of-pocket expenses
- OEBB and ODS to have shared-decision making tools available on their websites – For OEBB tools go to:
<http://www.oregon.gov/DAS/OEBB/healthinfo/>



Do you need to go into
MyOEBS this year?



OREGON EDUCATORS
OEBB
BENEFIT BOARD

Yes
YOU
need to
LOG IN
this Open
Enrollment!

Some people will get this postcard..... If the medical, dental and/or vision plan you are enrolled in is no longer available to you, you MUST go into MyOEBB and select from the available plans. Failure to do so during open enrollment will result in a loss of coverage effective October 1, 2010.



1225 Ferry St SE, Suite B
Salem, OR 97301
Toll Free: (888) 469-6322
www.oregon.gov/DAS/OEBB

IMPORTANT ACTION REQUIRED!

YOUR CURRENT MEDICAL INSURANCE PLAN WILL NOT BE AVAILABLE AFTER SEPTEMBER 30, 2010.

You are currently enrolled in a medical plan that will not be available to you in the upcoming plan year beginning October 1, 2010. **It is extremely important that you log into the MyOEBB system this Open Enrollment period and choose another plan in order to continue OEBB health coverage as of October 1, 2010.**

The Open Enrollment Period begins August 15, 2010.

To log into the MyOEBB system and make your selection, go to:

<https://myoebb.org/oebb!/pb.main>

➤ You need to go into MyOEBB if you want to:

- ✓ Change your, or enroll in, medical, dental, vision, life, disability or accidental death and dismemberment coverage
- ✓ **Review, verify and/or update your address or other personal information**
- ✓ Add eligible dependents to coverage*
- ✓ **Change your beneficiary**
- ✓ Or, to just review your current information and benefit choices

**Coverage for previously eligible spouses, domestic partners and children added to the dental and vision plans during an open enrollment period will be limited to preventive and routine care for the first 12 months.*

OEBB encourages every employee to go into MyOEBB every year to verify coverage and personal information

What could happen if you don't go into MyOEBB during open enrollment?

- You could miss an opportunity to:
 - ✓ Enroll in Guarantee Issuance coverage under The Standard optional employee and spouse/domestic partner life coverage and optional employee long-term disability coverages
 - ✓ Enroll in or change your medical, dental, vision, life, disability or accidental death and dismemberment coverage
 - ✓ Add eligible dependents to your coverage(s)
 - ✓ Ensure your beneficiary information is up-to-date
 - ✓ Receive valuable information about your OEBB benefits program throughout the year and/or next open enrollment
 - ✓ See the new fireworks display courtesy of MyOEBB

So, visit MyOEBB today at:

<https://myoebb.org/oebb/!pb.main>





Contacting OEBB:

✓By mail at 1225 Ferry Street SE, Salem, OR 97301-4281

✓By phone at (888) 469-6322 or by fax at (503) 378-5832

✓By e-mail at oebb.benefits@state.or.us

Or..... Visit the OEBB Web site at www.oregon.gov/DAS/OEBB